

Siamese twins to be separated against parents' will

Clare Dyer *legal correspondent, BMJ*

Siamese twins born in England can be separated—against their parents' wishes—to save the life of the stronger baby, even though the operation will kill the weaker twin, a High Court judge ruled last week.

In the first case of its kind in Britain, Mr Justice Johnson gave the go-ahead at the High Court in London for surgeons to operate on the twin girls, born on 8 August at St Mary's Hospital, Manchester.

The twins, given the false names of Mary and Jodie to protect their identities, were born to parents from a remote community in southern Europe who came to Britain for the birth after it was realised that the fetuses were conjoined.

Doctors say both twins will die within three to six months

unless they are separated. But if the operation is carried out Jodie is likely to survive to live a normal life, though with some degree of disability.

The official solicitor, who represents Mary, opposed the hospital's application at a private High Court hearing, to ensure that arguments on both sides were before the judge. As the *BMJ* went to press, he was considering whether to lodge an appeal.

The babies' parents asked that no operation should be carried out and that "God's will" should prevail. They said that their community did not have the facilities to cope with Jodie's disabilities and they would have to leave her in Britain.

They were uncertain whether a family could be found to foster her. If she were adopted and they

lost the right to have contact with her, it would break their hearts.

The twins are joined at the lower abdomen, and Mary relies on Jodie's heart and lungs for her blood supply. Mary's face is deformed, and she is thought to be brain damaged. She cannot cry because she has no lungs of her own.

Jodie, on the other hand, was described by the judge as "a bright and alert baby, sparkling, sucking on her dummy, moving her arms as babies do—very much a 'with it' sort of baby."

Mr Justice Johnson said he had "attached great weight" to the parents' wishes, but a child's interests were "paramount." He said that the law did not allow active steps to be taken to end a life, but treatment could lawfully be withdrawn. Mary's death would result from the "interruption or withdrawal" of the blood supply from Jodie. The few months of life Mary would have without the operation would be "very seriously to her disadvantage." □

Baby's penis reattached after botched circumcision

Judy Siegel-Itzkovich *Jerusalem*

The penis of an 8 day old Jewish baby that was accidentally amputated below the corona by a mohel (ritual circumciser) has been successfully reattached by microsurgery at a small medical centre in Israel.

Doctors at the Ha'emek Hospital in Afula said that the baby is now—nearly two months after surgery—able to urinate normally and that penile blood vessels and nerves are fully functioning.

A hospital spokesman said that the highly unusual incident was reported to the health ministry, but the information did not include the identity of the mohel because the family refused to give his name and has not yet filed a complaint against him.

Rabbi Yosef Weisberg, the national supervisor of ritual circumcisers, said he was unaware of the incident but would investigate if asked. "Such a mishap is extremely rare," he said.

Although virtually every newborn Jewish boy and teenage Muslim boy in Israel is circumcised, the country lacks a circumcision law; Rabbi Weisberg had no estimate how many of those who perform the ritual are unlicensed.

There is nothing to prevent anyone from buying a scalpel and advertising himself as a mohel; moreover, no one has the authority to force into retirement ageing circumcisers whose hands shake or who are visually impaired. Rabbi Weisberg, a Hasidic Orthodox rabbi, maintained that pressure from non-Orthodox Jewish movements in the United States who are afraid their circumcisers would be barred from practising in Israel has prevented such a law from being enacted.

Meanwhile, Rabbi Weisberg reported with concern that a growing number of secular Jewish parents in Tel Aviv were avoiding the ritual and having their babies circumcised in hospital. □

More "cot deaths" occur in day care than at home

Scot Gottlieb *New York*

Many cases of the sudden infant death syndrome (cot deaths) occur in day care settings, where carers may be less aware of the importance of putting babies to sleep on their backs, new research has found.

In a study of 1916 cases of the sudden infant death syndrome in 11 US states, researchers found that about 20%—391 deaths—occurred in day care settings. The biggest risk seemed to be in home day care (at the home of a neighbour or local person), rather than in organised, licensed childcare centres.

About 60% of the day care deaths occurred in these home care settings. These tended to be unlicensed and run by older women with less access to paediatricians and others who promote strategies for reducing the risk of the sudden infant death syndrome, said Dr Rachel Moon, the study's lead author and a paediatrician at the Children's National

Medical Center in Washington, DC (*Pediatrics* 2000;106:295-300).

The researchers initially estimated that 7% of cases would be in childcare settings, given the average number of days and hours infants spent in such care, but they were surprised to find that the percentage was much higher—closer to 20%.

Although doctors advise parents and caregivers to put infants to sleep on their backs to reduce the risk of sudden death, the study shows that childcare providers—especially those who run day care businesses in their homes—may not be heeding the advice, said Dr Moon.

The researchers reviewed cases of the sudden infant death syndrome in 11 states. They found that 80% of deaths occurred when the babies were in their parents' care. Of the 391 deaths that occurred in childcare settings, however, 234 were in family day care or private homes, where non-relatives watched children. Another 83 deaths occurred in the homes of relatives, such as grandmothers or aunts.

Fewer cases occurred in professional, licensed childcare centres (49 deaths) and in the babies' homes in the care of nannies or babysitters (25 deaths).

**Facts About
Sudden Infant Death
Syndrome
and
Reducing the Risks for
SIDS**



SIDS Network
— Making a Difference —

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Childcare providers do not always know the facts of SIDS

An "extremely large percentage" of the babies who died were found on their stomachs, even though at home the babies slept on their backs. □